

Technical Partners -- Exhibitor Registration AASHTO Subcommittee on Information Systems 2005 Baton Rouge, Louisiana May 15-18, 2005

Agency or Company:							
Point of Contact:							
Address:							
City, State, Zip Code:							
E-mail Address: (REQUIRED)							
Business Phone: ()	Fax Number: ()_						
Attendee 1 Name:	Email:						
Title:							
Address:							
City, State, Zip Code:							
Name on Badge:							
Name on Badge:	e 1				Guest 1		
Shirt size S M L Y	XLX	XL					
Anticipated Arrival Date:			Anti	cipated D	eparture Date:		
	T 1 1 1		15 17				
I plan to attend the following events: (When		with pai	a Exnibi	tor/Guest	Conference Registra		NI.
11 -	Event				Yes	No	
Monday night	Exhibitor Reception						
Tuesday night	Dinner – USS Kidd Banquet & Swamp Tour – Alligator Bayou						
Wednesday night	Banquet	& Swai	mp 1 our	– Alligato	r Bayou		
Additional Guest Activity:	E4					X 7	NI.
When	Event			Yes	No		
Sunday	Rural Life Museum						
Monday	Plantation Tour						
Tuesday	Baton Rouge Outing Louisiana Cooking Class						
Wednesday	Louisian	ia Cooki	ing Class	3			
Special dietary consideration:							
Comments or other special needs:							
Comments of other special fleeds.							
	Cost	Qty	Total		Payment of	enclose	d *
First 10X10 Booth and Exhibitor Reception	\$1000		\$1000		Check #		I .
Additional Booth(s)	\$ 700						
Vendor Conference Registration Required)	\$ 275						

\$ 125

\$ 75

\$ 150

\$ 75

Total

Guest Conference Registration

**Program Ad (1/2 Page)

Sunday Morning Golf Outing

**Program Ad (Business Card Size)

Please make checks, traveler's checks and/or money orders payable to Louisiana AASHTO IS

To ensure availability of the requested booth(s), all payments must be received by April 30, 2005. Each exhibitor must fill out a registration form to ensure proper processing.

For more information, please check the conference web site: www.dotd.louisiana.gov/aashtois2005/

^{*}Credit cards not accepted



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Agency or Company:					
Attendee 2 Name:		Email:			
Address:					
City, State, Zip Code:					
Name on Badge:					
Name on Badge:	Attendee 2	Guest 2			
Shirt SizeSM	LXLXXL				
		Email:			
Title:					
Address:					
City, State, Zip Code:					
Name on Badge:					
G1 : 4 G:	Attendee 3	Guest 3			
Shirt SizeSM	_LXLXXL				
		Email:			
Title:					
Address:					
City, State, Zip Code:					
Name on Badge:		Guest 4			
G1 : 4 G:	Attendee 4	Guest 4			
Shirt SizeSM	_LXLXXL				
**Program Ads					
Business Card Size:	3 ½" wide X 2" tall				
½ Page Ad Size:	5" wide X 4 " tall				
Details: Digital submissions may be in JPG or TIF format.					
	All art is to be submitted in	un to A color (CMVV)			

Please return your registration form to:

LA DOTD Information Technology P.O. Box 94245 Baton Rouge, Louisiana 70804-9245 OR

FAX #: 225-379-1855

For additional information contact:

Derrick Condalary **Office #:** 225-379-1648

Email: DerrickCondalary@dotd.louisiana.gov

Send electronic logo in .jpeg, .gif, or .tif to: Email: JerryMason@dotd.louisiana.gov